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City of Phoenix

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MAR 2 0 2002 FCC - MAILROOM

March 19, 2002

Federal Communication Commission Office of the Secretary 9300 East Hampton Drive Capital Heights, MD 20743

Dear Sir/Madame:

APPEAL LETTER

Re: CC Docket Nos. 96-45 and 97-21

Billed Entity Number: 142893 471 Application Number: 231636

Funding Request Number(s): 690949, 690650, 690651, 690652, 690653

690654, 690655, 690656, 690657, 690658, 690669, 690670, 690671, 690672, 690673

SLD Correspondence Dated: January 21, 2002

The Phoenix Public Library is appealing the Schools and Libraries Division ("SLD") of the Universal Administrative Company ("USAC") January 21, 2002 decision (Attachment 1) in which the Phoenix Public Library's Amended SLD-Form 471 (Attachment 2) was denied.

FRN# 690649, 690650, 690651, 690652, 690653, 690654, 690655, 690656, 690657, 690658, 690669, 690670, 690671, 690672, 690673 were denied for the following reason:

"FCC rules require that except under limited circumstances, all Forms 470 received be posted on the website for 28 days, and that applicants carefully consider all bids received before selecting a vendor, entering into agreement or signing a contract, and signing and submitting Form 471."

The Library filed our 470 Funding Application in Year 2. We were informed by the Arizona State Library, Archives and Public Records that the Phoenix Public Library did not have to file a 470 Application for Year 3 and Year 4 because nothing had changed since the approval of the Year 2 Technology Plan. In addition, the City of Phoenix / the Phoenix Public Library can only do business for phone and data/telecommunications as governed by an existing contract with Qwest. Attached is a memo form Peg Davis, Deputy ITD Director explaining the situation (Attachment 3).

I have attached copies of the Library's 470 Funding Year 2 Application (Attachment 4) along with the Original Analog Contract (Contract #75254), Attachment 5) and Renewal Analog Contract (Contract #97897, Attachment 6) with Qwest. The Original Analog Contract covered period from 7/1/96-6/30/01 and the Renewal Analog Contract covers the period from 7/01/01-6/30/06.

FRN# 690651 was denied for the following reason:

"The accuracy of the information submitted is the responsibility of the applicant. We are unable to accept amended information during the appeal process".

The connection is for charges incurred for 56K lines used by the Library Branches and therefore should have been marked as Internet Access instead of Internal Connections. Enclosed is a copy of the Library's T1/56K contract (Contract #89295, Attachment 7).

Form-471, Year 4 Application was amended (Attachment 2) to correct this error. Additionally, the Library amended Block 5 Section of Form 471 to reflect the reduction in Telecommunication Services that the Library is being charged by the City Of Phoenix. On 7/01/01 the City of Phoenix reduced the amount the Phoenix Public Library is charged for each phone line from \$66 to \$25.60.

Attached are the following forms:

- 1. USAC Funding Commitment Decision Letter, Funding Year 4, 1/21/02
- 2. Amended Form 471, Funding Year 4
- 3. Peg Davis, Deputy ITD Director's Memo
- 4. Form 470, Funding Year 2
- 5. Owest Renewal Analog Contract
- 6. Qwest Original Analog Contract
- 7. Qwest Original T1/56K Contract
- 8. USAC Funding Commitment Decision Letter, Funding Year 4, 9/28/01
- 9. Phoenix Public Library's 10/23/01 Appeal Letter
- 10. Technology Plan, Funding Year 1
- 11. Technology Plan, Funding Year 2



Universal Service Administrative Company

Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2001-2002

January 21,2002

Ross McLachlan Library Services Administrator Phoenix Public Library 1221 N central Ave Phoenix, AZ 85004

Re:

Billed Entity Number:

142893

471 Application Number:

231636_6

Funding Request Number(s):

690949, 690650, 690651, 690652, 690653,

690654, 690655, 690656, 690657, 690658,

690669, 690670, 690671, 690672, 690673

Your Correspondence Dated:

October 23, 2001

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Four Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number:

690949, 690650, 690651, 690652, 690653, 690654,

690655, 690656, 690657, 690658, 690669, 690670,

690671, 690672, 690673

Decision on Appeal:

Denied in full.

Explanation:

- In your letter of appeal you claim that the Arizona State Library, Archives and Public record that the Phoenix Public Library did not have to file a Form 470 in funding year 3 or 4 because Qwest Corporation is the only service provider that can do business with the library.
- Tariff and month-to-month services are subject to competitive bidding requirements every year.

Box 125 - Correspondence Unit, 80 South Jefferson Road, Whippany, New Jersey 07981 Visit us online at: http://www.sl.universalservice.org

Attachment 1

• FCC rules require that except under limited circumstances, all Forms 470 received be posted on the website for 28 days, and that applicants carefully consider all bids received before selecting a vendor, entering into an agreement or signing a contract, and signing and submitting a Form 471. See 47 C.F.R. §§ 54.504; 54.511(a), (c). These competitive bidding requirements help ensure that applicants receive the lowest pre-discount price from vendors. See Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Order on Reconsideration, 12 FCC Rcd 10095, 10098 ¶ 9 (1997). The only exceptions to the posting requirement are for: (1) contracts signed on or before July 10, 1997 for the life of the contract; (2) contracts signed between July 10, 1997 and before January 30, 1998 (the date on which the website became operational) for services provided through June 30, 1999. See 47 C.F.R. § 54.511(c); Fifth Reconsideration Order, 13 FCC Rcd at 14916 ¶ 2, and 14920 ¶ 8 (extending Year One funding period through June 30, 1999).

Funding Request Number:

690651

Decision on Appeal:

Denied in full.

Explanation:

- In your letter of appeal you state that you made a mistake when you were filling out your Form 471 by checking internal connections instead of Internet access which was the services you were seeking.
- The accuracy of the information submitted is the responsibility of the applicant. We are unable to accept amended information during the appeal process.
- You filed a Form 471 as an individual applicant seeking funding for internal connections. You indicated on your Form 471 that your discount eligibility is 55%. FCC rules require that where demand for funding exceeds available support, first priority be given to requests for telecommunications services and Internet access. See 47 C.F.R. §54.507(g)(1)(i). FCC rules further require that requests for internal connections be given second priority, and be funded only if funds remain after support has been provided for telecommunications and Internet access through all discount levels in a funding year. See 47 C.F.R. § 54.507(g)(1)(ii). Where demand for discounts for internal connections exceeds available support, FCC rules require that funding be allocated to the most economically disadvantaged schools as determined by the matrix at 47 C.F.R. § 54.505(c). See 47 C.F.R. § 54.507(g)(1)(ii). Pursuant to the matrix, funds are allocated first to applicants eligible for a 90 percent discount, then to schools eligible for an 80 percent discount, and in the same manner until no funds remain. See 47 C.F.R. § 54.507(g)(1)(ii)-(iii). For schools and libraries that create consortia for the purposes of making funding requests and sharing services, the discount level is calculated by averaging the applicable discounts of the schools and libraries that are

members of the consortia. See 47 C.F.R. § 54.505(4). Because discount levels for consortia are determined in this manner, the discount levels for shared services requests are single discount level percentages rather than the broad discount level percentages for individual applicants as determined by the matrix. See 64 Fed. Reg. 33785 (1999). Consequently, where demand for discounts for internal connections exceeds available support, funds are allocated first to applicants are the 90 percent discount level, and then at each descending single percentage until there are no remaining funds. See 47 C.F.R. § 54.507(g)(1)(iii).

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission (FCC) via United States Postal Service: FCC, Office of the Secretary, 445-12th Street SW, Washington, DC 20554. If you are submitting your appeal to the FCC by other than United States Postal Service, check the SLD web site for more information. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. The FCC must RECEIVE your appeal WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER for your appeal to be filed in a timely fashion. Further information and new options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site, www.sl.universalservice.org.

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

Do not write in this area.

Approval by OMB 3060-0806

Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

		Please rea	d instructions	s before beginning th	is application. (See www.sl.univ	ersalservice.org for filing this for	n online)
				.00 ERATE 47	1		edpielication accessed as	
(Crea	ate you	ır own code to identi	fy THIS Form	471)		(COCCOMMO	le da de la	
BI	ock	1: Billed	Entity	Informat	ion			
l			(The "Bille	ed Entity" is the en	tity paying the	bills for the se	rvices listed on this form.)	
1	Nar	ne of Billed Entity	(30 charac	ters max.)	Phoenix F	ublic Libra	ıry	
2	Fun	ding Year: July 1	. <u>2001</u> tl	nrough June 30, _	2002	3 Entity Nu	mber (up to 10 digits)	142893
4a	Stre	eet Address, P.O.	Box,	1221 N Centr	al Avenue			
	or i	Route Number						
	City	Phoenix			State	AZ	Zip Code 85004 -	
b	Tele	ephone Number (*	10 digits + e	ext.)	(602) 262	- 7036 ext.		
c	Fax	Number (10 digit	s)		(602) 261	- 8836		
d	E-m	ail Address (50 c	haracters m	ax.)	rmclachl@	lib.ci.phoe	enix.az.us	
5	Тур	e of Application		School	(public or non-p	•		
				School District	•		diocesan) local district representin	g multiple schools)
			Image: section of the content of the	Library	<u> </u>	et/branch, syster	••	
İ				Consortium	L Check here if	any members of this	s consortium are ineligible non-governmen	ital entities.
6-		4		Door W. Mol				· · · · · · · · · · · · · · · · · · ·
6a		tact Person's Nar		Ross W. McL		that is differe	ent from Item 4, above.	
							UST be checked.)	
b		Street Address,	P.O.					
		Box, or Route N	umber					
		City			State		Zip Code	
С		Telephone Num	ber (10 digi	ts + ext.)	()_		ext	
d		Fax Number (10	digits)		()_			<u> </u>
e	Image: section of the	E-mail Address	(50 characte	ers max.)				
f	Holic	day/vacation/sum	mer contact	information:				
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•	Ш						. Provide the data requested i	a a law
				ices highlighting th				Jeiow,
		Form 471 Appli		ters mannymung ti	io modifica sci		uest Number:	7
М	inor ı		L	be filed MANUAL	LY only Plas		sl.universalservice.org for	filing instructions
				mot maitoat	oy. 1 100	SS SOE WWW.	and inversals divice. Ory for	ming manuchons.

	Number142893	Applicant's Form Identifier_	PPL00 ERATE 471	
Conta	ct PersonRoss W. McLachian	Phone Number	602-262-7036	
2	ock 3: Impact of Services Ordered in THIS A Please provide your best estimate of the number of people who wild districts complete 8a. Libraries complete 8b. Consortia complete 8	I be served by all of the servi	ces ordered in THIS Form	471. Schools/school
а		er of library patrons to be served	1,250,000	
9	The following questions seek summary outcome information base only those rows that are relevant to THIS application.	d on the services ordered in t	nis Form 471 application.	Please complete
_	IF THIS APPLICATION INCLUDES		BEFORE ORDER	AFTER ORDER
a į	(Schools/districts/consortia only) Telephone service: How many classrooms had phone	service before and after your order?		
b !	High-bandwidth voice/data/video service: How many buildings served before and after y	our order?	13	13
c	High-bandwidth voice/data/video service: Highest speed to a building before and after yo	our order?	T-1	T-1
d l	Dial-up Internet connections: How many before and after your order?			
e !	Dial-up Internet connections: Highest speed before and after your order?			
f !	Direct connections to the Internet: How many before and after your order?		1	1
g į	Direct connections to the Internet: Highest speed before and after your order?		T-1	T-1
h	internet access (for schools): How many rooms have Internet access before and after you	our order?		
i	internet access (for libraries): How many buildings have Internet access before and after	r your order?		
j	internet access: How many computers (or other devices) with Internet access before an	d after your order?		
k <u></u>	Other technology outcomes: (please specify):		N/A	N/A
The footnote the f	ock 4: Discount Calculation Worksheets (particulation) 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating on the type of application you are filling. Each worksheet has instituted in the second of the type of application and the type of application you are filling as a school or a school district, use Worksheet A (page of the type of type of the type of type of the type of the type of the type of type of the type of type of the type of type o	culating your discount for service tructions. 3a).	es. You will complete one o	or more
•	If you are filing as a consortium, use Worksheet C (page 3c), and inclu	de as many Worksheets A and	B as you need for back-up o	documentation.

ntity Number 142893	Applicant's Form Identifier	PPL00 ERATE 471
	Applicant & Form identilier	PPLUV ERA1E 4/ I
ontact PersonRoss W. McLachlan	Disease Manual con	A.A. G.A. T.A.A.
- NOSS 44. MICLACHIAN	Phone Number	602-262-7036

Block 4: Discount Calculation Worksheet B For Libraries

Worksheet #B-__1__ Page ___1__ of __2___

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

(For Administrator's Use)

10a If you are:

- Applying for discounts ONLY for one outlet/branch or ONLY for site-specific services:
 Complete columns 1-5 only for each outlet/branch. Add and number pages as needed.
- Applying for discounts on services shared by ALL outlets/branches in the library system (with or without site-specific services as well): Complete columns 1-5 PLUS 10c below.
- Applying for discounts on different shared services that are shared by different groups of outlets/branches:
 Complete one worksheet, columns 1-5 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

	· •	3	4) 5
Name of Eligible Library (outlet/branch)	Entity Number (1-10 digits)		Name of School District in which outlet/branch in Column 1 is located	Weighted Average Discount for the School District in Column 4 (round to nearest %)
urton Barr Central Library	167895	At 1	Phoenix Elementary School Dist #1	90%
cacia Branch	97161	A A A A	Washington School District	45%
entury Branch	97106		Madison School District	42%
holla Branch	97358		Washington School District	45%
esert Sage Branch	205580		Cartwright School District	719
armon Branch	96996		Phoenix Elementary School Dist #1	90%
onwood Branch	97348		Kyrene School District	20%
iniper Branch	97213		Deer Valley Unified School District	20%
esquite Branch	97270		Paradise Valley School District	239
tals for calculating Shared Discount				

Entity Number Contact Person _	142893Ross W. McLachlan	Applicant's Form Identifier	PPL00 ERATE 471_ 2-262-7036				
Block 4:	Discount Calculat	ion Worksheet B		Works	sheet	#B	_1
	For Libraries			Page _	2	of _	_2
10a If you are ● Applyi	for outlets/branches and syster :: ng for discounts ONLY for one outlet	tion, use this worksheet to calculate the d ns. branch or ONLY for site-specific services: nch. Add and number pages as needed.	fiscount rate(s)	(For	Adminis	strator's l	Jse)
ApplyiCompleApplyi	ng for discounts on services shared ete columns 1-5 PLUS 10c below. ng for discounts on different shared :	by ALL outlets/branches in the library system (services that are shared by different groups of coor, for EACH different group of outlets/branches sl	outlets/branches:			2, B-3, etc	

10b List entities and calculate discount(s).

1	2	3	4	5
Name of Eligible Library (outlet/branch)	Entity Number (1-10 digits)		Name of School District in which outlet/branch in Column 1 is located	Weighted Average Discount for the School District in Column 4 (round to nearest %)
Ocotillo Branch	97328		Roosevelt School District	869
Palo Verde Branch	97241		Alhambra School District	85%
Saguaro Branch	97023		Scottsdale Unified School District	20%
Yucca Branch	97089		Osborn School District	839
otals for calculating Shared Discount			ikas (iliangan) as ing palikas kan bahar palikas bah	55

Entity Number Contact Person	142893 Ross W. McL	achlan				ant's Form Identi Iumber		ERATE 471 036				
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FRN#			(to b	e assigned by	y adminis	trator)						
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● Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections		"MTM" if month-to-month services as described in Instructions) 6 Billing Account Number (e.g., billed telephone number) 602-262-7036						
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ideutilicat	ion Number (9 dig	gits) *	143005231		19a Service	Start Date (mm	/dd/yyyy)		07/01/2	001		
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\$2,611	\$0	\$2,611	12	\$31,334	\$	0 \$0	\$0	\$ 31,334	90%	\$28,200.96		

Entity Number Contact Person	142893 Ross W. McL	achlan			Applica Phone N	nt's Form Identif umber		ERATE 471 036			
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\$599	\$7,189	\$0	\$0	\$0	\$7,189	90%	\$6,470.39				

Entity Number Contact Person	142893 Ross W. McL	achlan					t's Form Identif mber		ERATE 471 036		
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\$958	\$0	\$958	12	\$11,496		\$0	\$0	\$0	\$11,496	55%	\$6,322.54

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Entity Number Contact Person	142893 Ross W. McLa	achlan					t's Form Identifi mber		RATE 471 036			
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23 Calculatio		ecurring Charg	des		 I	Non-	Recurring C	harges		Total Cha	arges	
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Monthly \$ charges (total amount per month for service)	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual recurring time) \$ ch	g (one-	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)				
\$77	\$922	,	\$0	\$0	\$0	\$922	45%	\$414.72				

	/ Number act Person	142893_ Ross W. McL	achian			F		t's Form Identifi mber		PRATE 471 036		
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		Application Nur	nber (15 digits)	8(06280000230519			Vendor Sele om 470 filing)	ection/Contract I) 04/02/1999	
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14	Service Pr	ovider Name	US	West		20 C	ontract	Expiration Da	ate (mm/dd/yyyy)			
21	Descriptio This Servi	n of ce:		an Attachr	ment #, and note nu					ests, plus any re	elevant bran	nd names. Label this
22	Entity/Enti Receiving		this service :		cific (provided to on 97106 by all entities on a E						entity from	Block 4 receiving
23	Calculatio										•	
<u> </u>	A		ecurring Char			<u> </u>		Recurring C			Total Cha	
Mont	A thly \$ charges	B How much of the \$	C Eligible monthly	D # of	E Annual pre-discount \$		IF , lal non-	G How much of	H Annual eligible pre-	I Total program	J % discount	K Funding Commitment \$
(tota	al amount per th for service)	amount in (A) is ineligible?	pre-discount amount (A minus B)	months service provided in program year	amount for eligible recurring charges	recurri	ing (one-	the \$ amount in	discount \$ amount for one-time charges (F minus G)	year pre-discount \$ amount (E + H)	(from Block 4 Worksheet)	Request (IxJ)
	\$102	\$0	\$102	12	\$1,229		\$0	\$0	\$0	\$1,229	42%	\$516.10

-	Number ct Person	142893 Ross W. McLa	achlan					t's Form Identifi mber		RATE 471 36		
instr	uctions: Use as many co	pies of this page	ge for EACH ser as necessary, a	vice (Fund and numbe	Jest(s) ling Request Numb er the completed pa	ges	to assure t	hat they are a	ing discounts.	Block 5, pag	e6	of15
11	Category o	of Service (only ON	IE category should be	checked)		15	Contract MTM" if month	Number (if avail to-month services	lable; use "T" if tariffed s as described in Instructi	ons)	60	T 2-262-7036
		Application Nun	nber (15 digits)	80		17	Allowable (based on Fo	Vendor Sele orm 470 filing)	er (e.g., billed telephonection/Contract E	Date (mm/dd/yyyy)		2-202-7030
13	-	ion Number (9 dig	its) 14	3005231	·	19a	8 Contract Award Date (mm/dd/yyyy) 9a Service Start Date (mm/dd/yyyy) 07/01/2001 9b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002					
14	Service Pr	ovider Name	US	West		20	Contract	Expiration Da	ate (mm/dd/yyyy)			
21	Descriptio This Servi	n of (ce:		an Attachr	nent #, and note nu					sts, plus any re	elevant bran	nd names. Label this
22	Entity/Enti Receiving	ties This Service:	this service:		cific (provided to or _97358 oy all entities on a l						entity from	Block 4 receiving
23	Calculatio		o o sumino. Ob o m				Alon	Decumina C	·hannaa l		Total Cha	raes.
	A	B	curring Char	jes D	E	├	F NOII-	Recurring C	H	I	J	K
Monthly \$ charges (total amount per month for service) How much of the \$ Eligible monthly pre-discount amount for eligible? Monthly \$ charges (total amount per month for service) ineligible? Eligible monthly pre-discount amount for eligible service provided in program year							nnual non- urring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1xJ)
\$282 \$0 \$282 12 \$3,37							\$0	\$0	\$0	\$3,379	45%	\$1,520.64

	Number ct Person	142893 Ross W. McLa	achian				nt's Form Identifi lumber		RATE 471					
Instr	Block 5: Discount Funding Request(s) Structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Sake as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.													
11	Category o	of Service (only Oh	IE category should be	checked)	(१८६२५) गुरु	15 Contrac	t Number (if avaith-to-month services	ilable; use "T" if tariffed s as described in Instructi er (e.g., billed telephon	ons)	60	T 2-262-7036			
12		Application Nun	nber (15 digits)	80	06280000230519	(based on	7 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999 8 Contract Award Date (mm/dd/yyyy)							
	Identificati	on Number (9 dig	its) 14	13005231		19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002								
14	Service Pr	ovider Name	US	West		20 Contrac	t Expiration D	ate (mm/dd/yyyy)						
21	Descriptio This Servi	n of ce:		an Attachr	ment #, and note nu				sts, plus any re	levant brai	nd names. Label this			
22	Entity/Enti Receiving	ties This Service:	this service :		cific (provided to or 205580 by all entities on a l						Block 4 receiving			
23	Calculatio		 							_				
			ecurring Char			No F	n-Recurring C	harges н	ī	Total Cha	arges K			
Monthly \$ charges (total amount per month for service) How much of the \$ Eligible monthly amount in (A) is ineligible? (A minus B) Eligible monthly # of months amount for eligible service provided in program year						Annual non- recurring (one time) \$ charge	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request			
	\$102	\$0	\$102	12	\$1,229	\$	0 \$0	\$0	\$1,229	71%	\$872.45			

Entity Nu Contact	ember Person	142893 Ross W. McL	achlan				t's Form Identifi Imber		RATE 471 36					
Instruc Make a	:tions: Us is many co	pies of this page	ge for EACH ser e as necessary, a	vice (Fund and numbe	ding Request Number the completed pa	ges to assure	that they are a	ting discounts.	Block 5, pag	e8	of15			
11 C	Category o	of Service (only Ol	NE category should be	checked)		15 Contract "MTM" if mont	Number (if avain-to-month services	ilable; use "T" if tariffed s as described in Instructi er (e.g., billed telephon	ons)	60	T 2-262-7036			
		Application Nur	nber (15 digits)	80	06280000230519	17 Allowabl (based on F		ection/Contract D	Pate (mm/dd/yyyy) 04/02/1999				
		on Number (9 di	gits) 14	13005231		19a Service	9a Service Start Date (mm/dd/yyyy) 07/01/2001 9b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002							
14 S	Service Pr	ovider Name	US	West			Expiration Da				· · · · · · · · · · · · · · · · · · ·			
	Descriptio This Servi	n of ce:		an Attachr	ment #, and note nu				sts, plus any re	levant brar	nd names. Label this			
	Entity/Enti Receiving	ties This Service:	this service :		cific (provided to on 96996_ by all entities on a E						Block 4 receiving			
23 C	Calculatio				······································		D	\\		Total Ch				
	A	B R	ecurring Char C	ges D	E	F Non	Recurring C	narges H	1	Total Cha	K K			
Monthly \$ charges (total amount per month for service) How much of the \$ Eligible monthly pre-discount amount in (A) is ineligible?						Annual non- recurring (one- time) \$ charges	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)		% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)			
	\$ 154	\$0	\$154	12	\$1,843	\$0	\$0	\$0	\$1,843	90%	\$1,658.88			

	Number et Person		achlan					t's Form Identifi mber		RATE 471 36				
Instru Make	as many co	e one Block 5 pa opies of this page	as necessary, a	vice (Fund and numbe	ding Request Numb er the completed pa	iges to	o assure th	hat they are a	ing discounts.	Block 5, pag	e9	of15		
RRI				1175.8	egetarner (e	an			·					
			NE category should be		}			-	lable; use "T" if tariffed s as described in Instructi			τ		
· · ·	Telecomm	unications Service	O Internet Acce	ess O In		16 E	Billing Ac	count Numb	er (e.g., billed telephon	e number)		2-262-7036		
12	Form 470 /	Application Nun	n ber (15 digits)	80	06280000230519		Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999							
		vice Provider				_		Award Date (mm/dd/yyyy)		0 1.00			
	Identificati	i on Number (9 dig	its) 14	43005231	i	19a (9a Service Start Date (mm/dd/yyyy) 07/01/2001							
						19b S	Service E	nd Date (mm/	dd/yyyy) (use only f	or "T" or "MTM" s	ervices) 06	/30/2002		
14	Service Pr	ovider Name	US	West		20 (Contract	Expiration Da	ate (mm/dd/yyyy)					
	Descriptio	n of ce:		an Attachr	ment #, and note nu	-			•	ests, plus any re	elevant bran	nd names. Label this		
	Entity/Enti Receiving	ties This Service:	this service :		cific (provided to or 97348_ by all entities on a l		_				entity from	Block 4 receiving		
23	Calculation		ecurring Char	40e		1	Non-	Recurring C	harnae	· ·	Total Cha	arnae		
	A	В	C C	ges D	E	-	F	G	H	I	J	K K		
(total	Monthly \$ charges (total amount per month for service) How much of the \$ Eligible monthly pre-discount month for service) Eligible monthly pre-discount months amount for eligible monthly pre-discount months service provided in program year							How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)		% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
	\$256	\$0	\$256	12	\$3,072		\$0	\$0	\$0	\$3,072	20%	\$614.40		

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_	Number ct Person	142893 Ross W. McL	achlan					t's Form Identifi nber		RATE 471 36				
Instr	uctions: Us as many co	ppies of this page	ge for EACH ser as necessary, a	vice (Fund and number	Jest(s) ding Request Number the completed pa			ing discounts.	Block 5, pag	e10	of_15			
11	Category o	of Service (only Of nunications Service	NE category should be	checked)		15 Co "MTM	ontract I V" If month-	Number (if avail to-month services	lable; use "T" if tariffed s as described in Instruction or (e.g., billed telephonomers	ons)	60	T 2-262-7036		
		Application Nur	nber (15 digits)	80	06280000230519	17 Ai (ba	7 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999 8 Contract Award Date (mm/dd/yyyy)							
	Identificati	on Number (9 dig	gits) 14	43005231	i	19a Se	19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002							
14 21	Service Pr Descriptio This Servi	n of	You MUST attac description with	an Attachr		, includi ımber in	ing a bre		mponents and co	sts, plus any re	levant brar	nd names. Label this		
22	Entity/Enti Receiving	ties This Service:	this service :		cific (provided to or 97213_ by all entities on a l		_					Block 4 receiving		
23	Calculatio		ecurring Char	ges			Non-	Recurring C	harges		Total Cha	arges		
Monthly \$ charges (total amount per month for service) How much of the \$ Eligible monthly amount in (A) is ineligible? Eligible monthly pre-discount amount amount (A minus B) (A minus B) Eligible monthly pre-discount service provided in (C x D) program year						Annua recurrin	~ ' 1	the \$ amount in	H Annual eligible pre- discount \$ amount for one-time charges (F minus G)		J % discount (from Block 4 Worksheet)	K Funding Commitment \$ Request (!xJ)		
	\$179	\$0	\$179	12	\$2,150		\$0	\$0	\$0	\$2,150	20%	\$430.08		

Entity Number Contact Person	142893 Ross W. McL	achlan					t's Form Identifi mber	erPPL00 E 602-262-70	RATE 471 36				
Instructions: U Make as many o		ge for EACH ser e as necessary, a	vice (Fund and numbe	Jest(s) ding Request Numb er the completed pa				ing discounts.	Block 5, pag	e11	_ of15		
11 Category		NE category should be	checked)	tomal Connections	15 C	Contract I	Number (if avail to-month services	lable; use "T" if tariffed s as described in Instructi	ons)	60	T 2-262-7036		
	Application Nur	nber (15 digits)	80	06280000230519	17 A	Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 602-262-7036 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) 04/02/1999							
	rvice Provider tion Number (9 dk	jits) 14	43005231			3 Contract Award Date (mm/dd/yyyy) 3a Service Start Date (mm/dd/yyyy) 07/01/2001							
								dd/yyyy) (use only fo	or "T" or "MTM" s				
14 Service F	rovider Name	US	West				Expiration Da						
Descripti This Serv	on of	description with	an Attachr	ption of the service nent #, and note nu 1	ımber				sts, plus any re	levant bran	nd names. Label this		
Entity/En	ities y This Service:	this service :		cific (provided to or 97270 by all entities on a f						entity from	Block 4 receiving		
23 Calculation					•	Man	D	· · · · · · · · · · · · · · · · · · ·		Total Cha			
A		ecurring Char C	ges D	E		F Non-	Recurring C	narges H	ī	Total Cha	K K		
Monthly \$ charges (total amount per month for service)	Eligible monthly pre-discount amount (A minus B)	recur		How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	' '	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)					
\$154	\$0	\$154	12	\$1,843		\$0	\$0	\$0	\$1,843	23%	\$423.94		

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_		142893 Ross W. McL:	achian					's Form Identifi nber		RATE 471 36				
Instr Make	Block 5: Discount Funding Request(s) structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. ake as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.													
	Category o	of Service (only Of	VE category should be	checked)		15 Co	5 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)							
12		nunications Service Application Nun				17 All	lowable	Vendor Sele	er (e.g., billed telephone ection/Contract D	ate (mm/dd/yyyy)		2-262-7036		
13		vice Provider	<u> </u>		6280000230519			orm 470 filing) Award Date (r	mm/dd/yyyy)		J4/UZ/ 1999			
	Identificati	i on Number (9 dig	lits) 14	43005231		19a Service Start Date (mm/dd/yyyy) 07/01/2001								
					·				dd/yyyy) (use only fo	or "T" or "MTM" s	ervices) 06/	30/2002		
14	Service Pr	ovider Name	US	West		20 Co	ontract	Expiration Da	ate (mm/dd/yyyy)					
21	Descriptio This Servi	n of ce:	description with	an Attachr	ption of the service nent #, and note nu 2	ımber in				sts, plus any re	levant brar	nd names. Label this		
22	Entity/Enti Receiving	ties This Service:	this service :		cific (provided to or 97328		-				entity from	Block 4 receiving		
23	Calculatio	= -				1	Non	Boovering C	harase		Total Cha	race		
 -	A	В	ecurring Char	D (E			Recurring C	H	1	J	K		
(tota	Monthly \$ charges (total amount per month for service) How much of the \$ Eligible monthly amount in (A) is ineligible? Eligible monthly pre-discount amount amount of eligible recurring charges (A minus B) proyided in program year							How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (x J)		
	\$77	\$0	\$77	12	\$922		\$0	\$0	\$0	\$922	86%	\$792.58		

	Number ct Person	142893 Ross W. McL	achlan					t's Form Identifi mber		RATE 471 36					
Instru Make	uctions: Us as many co	e one Block 5 pa opies of this page	as necessary, a	vice (Fund and numbe	ling Request Numb or the completed pa	ges	to assure t	hat they are a	ting discounts.	Block 5, pag	e13	of_15			
11	Category	of Service (only O	NE category should be	checked)	A1 C	15 "/	5 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)								
		Application Nur	nber (15 digits)	80	6280000230519	17									
13		vice Provider ion Number (9 di	gits) 14	13005231		19a	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002								
14	Service Pr	ovider Name	US	West				Expiration Da							
21	Descriptio This Servi	n of	description with	an Attachr	ption of the service nent #, and note nu 3	ımbe				osts, plus any re	levant brar	nd names. Label this			
22	Entity/Enti Receiving	ties This Service:	this service :		cific (provided to on 97241 by all entities on a E							Block 4 receiving			
23	Calculatio		o a complement Observ				Non	December 6	· · · · · · · · · · · · · · · · · · ·		Total Ch				
	<u>A</u>	B	ecurring Char C	ges D	E	 	F Non-	Recurring C	H	ī	Total Cha	K			
Monthly \$ charges (total amount per month for service) How much of the \$ Eligible monthly pre-discount amount in (A) is ineligible? Annual pre-discount months amount service (A minus B) provided in program year						гес	nnual non- urring (one- e) \$ charges	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	- '	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)			
\$128						\$0	\$0	\$0	\$1,536	85%	\$1,305.60				

•	Number ct Person	142893 Ross W. McL	achlan					t's Form Identifi mber	erPPL00 E 602-262-70	RATE 471 36		
Instr Make	Block 5: Discount Funding Request(s) structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. ake as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.											
11	Category	of Service (only Of	NE category should be	checked)		15	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)					
	Telecomm	nunications Service	Internet Acc	ess OIn	ternal Connections	16	Billing Ad	count Numb	er (e.g., billed telephone	e number)	60	2-262-7036
12	Form 470	Application Num	nber (15 digits)	80	6280000230519			Vendor Seleorm 470 filing)	ection/Contract D	, , , , , , , , , , , , , , , , , , , ,) 04/02/1999	
13		vice Provider				18	Contract	Award Date (mm/dd/yyyy)			
	identificati	ion Number (9 dig	jrts) 14	43005231		19a	Service S	Start Date (mm	/dd/yyyy)		07/01/2	001
						19b	Service E	nd Date (mm/	dd/yyyy) (use only fo	or "T" or "MTM" s	ervices) 06/	/30/2002
14	Service Pr	ovider Name	US	West		20	Contract	Expiration Da	ate (mm/dd/yyyy)			
21	Descriptio This Servi	n of ce:	description with	an Attachr	ption of the service nent #, and note nu 4	ımbe				sts, plus any re	levant brar	nd names. Label this
22	Entity/Enti Receiving	ties This Service:	this service :		cific (provided to or 97023						entity from	Block 4 receiving
23	Calculatio				······································			D	····		Total Ob	
	A	В	ecurring Char C	ges D	E	 	F Non-	Recurring C	narges H	T	Total Cha	irges K
Monthly \$ charges How much of the \$ Eligible monthly # of Annual pre-discourt month for service ineligible? amount (A minus B) program year (C x D)							nnual non- urring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)		Funding Commitment \$ Request (IxJ)
\$102 \$0 \$102 12 \$1,229							\$0	\$0	\$0	\$1,229	20%	\$245.76

-	Number ct Person	142893 Ross W. McL	achlan					t's Form Identifi mber		RATE 471 36				
Instr	uctions: Us	pies of this page	ge for EACH ser	vice (Fund and numbe	Jest(s) ling Request Numb r the completed pa				ting discounts.	Block 5, pag	e15	_ of15		
11	Category o		VE category should be	checked)	tamal Compostions	15	Contract MTM* if month	Number (if avai 1-to-month services	lable; use "T" if tariffed s as described in Instructi	ons)		Т		
		Application Num					Billing Account Number (e.g., billed telephone number) Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999							
13		vice Provider ion Number (9 dig	pits) 14	43005231				Award Date (07/01/2	001		
					· ·	├─			dd/yyyy) (use only f	or "T" or "MTM" s				
14	Service Pr	ovider Name	US	West		20	Contract	Expiration Da	ate (mm/dd/yyyy)		_			
21	Descriptio	n of Ce:	description with	an Attachr	ption of the service nent #, and note nu 5	ımbe				ests, plus any re	levant brai	nd names. Label this		
22	Entity/Enti Receiving	ties This Service:	this service :		cific (provided to or 97089 by all entities on a l							Block 4 receiving		
23	Calculatio													
			ecurring Char		 	<u> </u>		Recurring C			Total Cha			
Most	A	B How much of the \$	C Eligible monthly	D # of	E Annual pre-discount \$	<u> </u>	F nual non-	G How much of	H Annual eligible pre-	I Total program	J % discount	K Funding Commitment \$		
Monthly \$ charges (total amount per month for service) How much of the \$ Eligible monthly pre-discount amount in (A) is ineligible? amount (A minus B) # of months amount for eligible recurring charges provided in program year (C x D)						rec	urring (one-	the \$ amount in	,	year pre-discount	(from Block 4 Worksheet)	Request (IxJ)		
	\$154	\$0	\$154	12	\$1,843		\$0	\$0	\$0	\$1,843	83%	\$1,529.86		